The Heights Church - Family Registration Form

Last Name:_____Parent(s) First Name(s):_____

Family Email Address:_____ Phone:_____

Mailing Address:_____

Emergency Contact if Parents are unavailable: Name:_____ Phone: _____

Child(ren):

Name:_____ Grade:_____ Birthdate:_____ Sunday School (circle one)l: yes or no

Special Concerns or
Allergies:_____

Name:_____ Grade:_____ Birthdate:_____ Sunday School (circle one)l: yes or no

Special Concerns or
Allergies:_____

Name:_____ Grade:_____ Birthdate:_____ Sunday School (circle one)l: yes or no

Special Concerns or
Allergies:_____

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Allergies:_____

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Special Concerns or
Allergies:_____

Name:_____ Grade:_____ Birthdate:_____ Sunday School (circle one)l: yes or no

Special Concerns or
Allergies:_____

▪ **I give permission for my children to be added to the secure Heights Church online Community Builder for record, communication, and name tags.**

Parent Signature:_____**Date:**_____

Please submit this completed form by dropping it off at our church office or via email: theheightschurch1@gmail.com